

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563443

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		25				
4		5				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		10				
13		1				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20		10				
21		10				
22		10				
23		1				
24			Y			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
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43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			↓)	↓	↓
TOTAL DEP.			←	10	←	←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.			←	10	←	←
TOTAL CLAIMS			11			